

08/10/01  
1c928 U.S. PTO

Please type a plus sign (+) in the box → +

181301

PTO SB 05-111-00

Approved through 10/31/2002 OMB 0651-0032  
U.S. Patent and Trademark Office U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

# UTILITY PATENT APPLICATION TRANSMITTAL

Only for new nonprovisional applications under 37 C.F.R. 1.53(b)

Attorney/Agent No. 7784-000171

First Invention D. Chiaro, Jr.

Title SURFACE PROTECTION OF POROUS CERAMIC BODIES

Express Mail Label No. EL 623 558 788 US

## APPLICATION ELEMENTS

See MPEP chapter 600 concerning utility patent application contents

1. ☒ Fee Transmittal Form (e.g., PTO/SB/17)  
*Submit an original and a duplicate for fee processing.*
2. ☐ Applicant claims small entity status.  
See 37 CFR 1.27.
3. ☒ Specification [Total Pages 16]  
*(preferred arrangement set forth below):*
  - Descriptive title of the invention
  - Cross References to Related Applications
  - Statement Regarding Fed sponsored R & D
  - Reference to sequence listing, a table, or a computer program listing appendix
  - Background of the invention
  - Brief Summary of the invention
  - Brief Description of the Drawings (if filed)
  - Detailed Description
  - Claim(s)
  - Abstract of the Disclosure
4. ☐ Drawing(s) (35 U.S.C. 113) [Total Sheets ]
5. Oath or Declaration [Total Pages 2]
  - a. ☒ Newly executed (original or copy)
  - b. ☐ Copy from a prior application (37 CFR 1.63 (d))  
*(for a continuation/divisional with Box 18 completed)*
  - c. ☐ DELETION OF INVENTOR(S)  
*Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b)*
6. ☐ Application Data Sheet. See 37 CFR 1.76

## ADDRESS TO:

Assistant Commissioner for Patents  
Box Patent Application  
Washington, DC 20231

7. ☐ CD-ROM or CD-R in duplicate large table or Computer Program (Appendix)
8. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)
  - a. ☐ Computer Readable Form (CRF)
  - b. Specification Sequence Listing on:
    - i. ☐ CD-ROM or CD-R (2 copies); or
    - ii. ☐ paper
  - c. ☐ Statements verifying identity of above copies

## ACCOMPANYING APPLICATIONS PARTS

9. ☒ Assignment Papers (cover sheet & document(s))
10. ☐ 37 C.F.R. §3.73(b) Statement ☐ Power of Attorney  
*(when there is an assignee)*
11. ☐ English Translation Document (if applicable)
12. ☒ Information Disclosure Statement (IDS)/PTO-1449 ☒ Copies of IDS Citations
13. ☐ Preliminary Amendment
14. ☒ Return Receipt Postcard (MPEP 503)  
*(Should be specifically itemized)*
15. ☐ Certified Copy of Priority Document(s)  
*(if foreign priority is claimed)*
16. ☐ Request and Certification under 35 U.S.C. 122 (b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent.
17. ☐ Other:

18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment or in an Application Data Sheet under 37 CFR 1.76.

☐ Continuation ☐ Divisional ☐ Continuation-in-part (CIP) of prior application No. \_\_\_\_\_  
Prior application information: Examiner \_\_\_\_\_ Group Art Unit \_\_\_\_\_

For CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

## 17. CORRESPONDENCE ADDRESS

☒ Customer Number or Bar Code Label



or ☐ Correspondence address below

27572

(Insert Customer No. or Attach bar code label here)

Name Harness, Dickey & Pierce, P.L.C.

Address P.O. Box 828

City Bloomfield Hills

State MI

Zip Code 48303

Country United States of America

Telephone

248-641-1600

Fax

248-641-0270

Name (Print Type) Mark D. Eichuk

Registration No. (Attorney Agent) 33 686

Signature

*Mark D. Eichuk*

Date

Aug 10, 2001

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231.

1c957 U.S. PTO  
09/27/01  
08/10/01

# FEE TRANSMITTAL for FY 2001

Patent fees are subject to annual revision.

Complete if Known

TOTAL AMOUNT OF PAYMENT (\$) 750

Application Number To Be Assigned  
Filing Date Concurrently herewith  
First Named Inventor DiChiara, Jr.  
Examiner Name To Be Assigned  
Group Art Unit To Be Assigned  
Attorney Docket No. 7784-001171

METHOD OF PAYMENT (check one)		FEE CALCULATION (continued)	
1. <input type="checkbox"/>	The Commissioner is hereby authorized to charge indicated fees and credit any over payments to:	3. ADDITIONAL FEES	
Deposit Account Number	08-0750	Large Entity Fee Code (\$)	Small Entity Fee Code (\$)
Deposit Account Name	Harness, Dickey & Pierce, P.L.C.	115	130
<input checked="" type="checkbox"/> Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17		127	50
<input type="checkbox"/> Applicant claims small entity status See 37 CFR 1.27		139	130
2. <input checked="" type="checkbox"/> Payment Enclosed		147	2,520
<input checked="" type="checkbox"/> Check <input type="checkbox"/> Credit card <input type="checkbox"/> Money Order <input type="checkbox"/> Other		112	920*
		112	1,840*
		115	110
		115	390
		117	890
		118	1,390
		129	1,890
		119	310
		121	310
		121	270
		138	1,510
		140	110
		141	1,240
		142	1,240
		143	440
		144	600
		102	130
		103	130
		105	180
		581	40
		145	710
		149	710
		179	710
		189	900
		Other fee, specify:	
		*Reduced by Basic Filing Fee Paid	SUBTOTAL (3) (\$140)
1. BASIC FILING FEE		SUBTOTAL (1) (\$710)	
Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description	
101	710	201	355
106	320	206	160
107	490	207	245
108	710	208	355
114	150	214	75
2. EXTRA CLAIM FEES		Fee Paid	
Total Claims	19	Extra Claims	19
Independent Claims	3	Fee from below	0
Multiple Dependent		Fee Paid	0
Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description	
103	18	203	9
102	80	202	40
104	270	204	135
109	80	209	40
110	18	210	9
SUBTOTAL (2) \$10		For number previously paid, if greater. For Reissues, see above.	

SUBMITTED BY

Complete, if applicable:

Name (Print Type)

Mark D. Elchuk

Registration No. Attorney Agent

33,686

Telephone

248-641-1600

Signature

*Mark D. Elchuk*

Date

Aug 10, 2001

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038